

Date: / / Patient

Referring Phys.

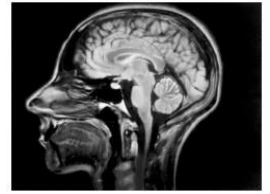
Address

Phone/Fax

CC:

Diagnostic Notes:

# UNIVERSITY DIAGNOSTIC MEDICAL IMAGING, P.C.



A Fully Accredited American College of Radiology Facility

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Pre Authorization #

### MAGENTIC RESONANCE IMAGING (MRI) ■ OPEN HIGH FIELD ■ HIGH FIELD ■ Non Contrast ■ Pre & Post Contrast

- |                                       |  |   |   |   |                                     |   |                                     |                                       |
|---------------------------------------|--|---|---|---|-------------------------------------|---|-------------------------------------|---------------------------------------|
| <input type="radio"/> Brain           | <input type="radio"/> C Spine          | <input type="radio"/> Abdomen             | <input type="radio"/> Knee                | <input type="checkbox"/> <input type="checkbox"/> | <input type="radio"/> Hip           | <input type="checkbox"/> <input type="checkbox"/> | <input type="radio"/> Aorta         | <input type="radio"/> Extremity-Upper |
| <input type="radio"/> Int. Aud. Canal | <input type="radio"/> T Spine          | <input type="radio"/> Pelvis              | <input type="radio"/> Shoulder            | <input type="checkbox"/> <input type="checkbox"/> | <input type="radio"/> MR Arthrogram | <input type="checkbox"/> <input type="checkbox"/> | <input type="radio"/> Brain         | <input type="radio"/> Extremity-Lower |
| <input type="radio"/> Pituitary       | <input type="radio"/> L Spine          | <input type="radio"/> MR Cholangiogram    | <input type="radio"/> Ankle               | <input type="checkbox"/> <input type="checkbox"/> | <input type="radio"/> Foot          | <input type="checkbox"/> <input type="checkbox"/> | <input type="radio"/> Chest         | <input type="radio"/> Carotid/Neck    |
| <input type="radio"/> Orbits          | <input type="radio"/> Soft Tissue Neck | <input type="radio"/> Chest               | <input type="radio"/> Wrist               | <input type="checkbox"/> <input type="checkbox"/> | <input type="radio"/> Elbow         | <input type="checkbox"/> <input type="checkbox"/> | <input type="radio"/> Renal         | <input type="radio"/> MRV-Brain       |
| <input type="radio"/> TM Joints       | <input type="radio"/> Breast           | <input type="radio"/> Scrotal W/ Contrast | <input type="radio"/> Prostate w/Contrast | L R   | <input type="radio"/> Other         | L R   | <input type="radio"/> MRV-Extremity |                                       |

### MULTISLICE HELICAL CT SCAN ■ W/ Contrast ■ W/O Contrast ■ BOTH

- |  |                                      |  |   |
|--|--------------------------------------|--|---|
| <input type="radio"/> Brain            | <input type="radio"/> Chest (Lung)   | <input type="radio"/> Genitourinary          | <input type="radio"/> Lung (screen)       |
| <input type="radio"/> Sinus            | <input type="radio"/> High Res Lung  | <input type="radio"/> C Spine                | <input type="radio"/> Virtual Colonoscopy |
| <input type="radio"/> Soft Tissue Neck | <input type="radio"/> Abdomen        | <input type="radio"/> T Spine                | <input type="radio"/> Coronary Artery     |
| <input type="radio"/> Temporal Bone    | <input type="radio"/> Pelvis         | <input type="radio"/> L Spine                | <input type="radio"/> CT Biopsy           |
| <input type="radio"/> Facial / Orbit   | <input type="radio"/> Abdomen/Pelvis | <input type="radio"/> Enterography-Sml Bowel |   |

### CTA (Angiography)

- Pulmonary Artery
- Aorta
- Carotid
- Brain
- Other \_\_\_\_\_

### PET/CT

- FDG**
- Whole Body
  - Brain
- NAF (Sodium Flouride)**
- F18 Bone PET

Special Instructions:



### NUCLEAR MEDICINE

- Bone Scan
- Bone SPECT
- 3 Phase Bone Scan
- Gallium Scan
- Hemangioma Liver Scan
- Hepatobiliary (HIDA)
  - GB Study
  - GB Function CCK
- Liver Spleen Scan
- Lung Scan (V/Q)
- Renal Scan
  - Function
  - Obstruction (LASIX)
  - Hypertension
- Thyroid Scan/Sono-Uptake
- I-131 Hyperthyroid Therapy
- MUGA (LV Function) (EF)
- Gastric Emptying



## Interventional

### Biopsy

- |  |                                       |
|--|---------------------------------------|
| <input type="radio"/> Breast L. <input type="checkbox"/> R. <input type="checkbox"/> | <input type="radio"/> Thyroid/ Neck   |
| <input type="radio"/> Lung   | <input type="radio"/> Retroperitoneal |
| <input type="radio"/> Liver  | <input type="radio"/> Mesenteric      |
| <input type="radio"/> Adrenal  | <input type="radio"/> Bone            |
| <input type="radio"/> Kidney   | <input type="radio"/> Pelvis          |
| <input type="radio"/> Other _____  |                                       |

### Drainage

- |  |   |
|--|---|
| <input type="radio"/> Paracentesis             | <input type="radio"/> Thoracentesis       |
| <input type="radio"/> Abscess                  | <input type="radio"/> Catheter Evaluation |
| <input type="radio"/> Pleural/Peritoneal Drain | <input type="radio"/> Biliary             |
| <input type="radio"/> Other _____              |   |

### Vascular

- |                                    |   |
|------------------------------------|---|
| <input type="radio"/> Chest Port   | <input type="radio"/> Port Eval/Patency |
| <input type="radio"/> Central Line | <input type="radio"/> HD Catheter       |
| <input type="radio"/> PICC Line    |   |
| <input type="radio"/> Other _____  |   |

### Genitourinary

- |   |                                  |
|---|----------------------------------|
| <input type="radio"/> Nephrostomy L. <input type="checkbox"/> R. <input type="checkbox"/> |                                  |
| <input type="radio"/> Suprapubic Cath   | <input type="radio"/> Evaluation |

### PAIN MANAGEMENT

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="radio"/> Consultation | <input type="radio"/> Nerve Block |
| <input type="radio"/> Epidural     | <input type="radio"/> Facet Block |
| <input type="radio"/> Other _____  |                                   |

### GastroIntestinal

- |  |   |
|--|---|
| <input type="radio"/> Trans Hepatic Chol | <input type="radio"/> Percutaneous G-Tube |
| <input type="radio"/> Biliary Drainage   | <input type="radio"/> Tube Check          |
| <input type="radio"/> Other _____        |   |

### Other Procedures

- |                                     |                                   |
|-------------------------------------|-----------------------------------|
| <input type="radio"/> IVC Placement | <input type="radio"/> IVC Removal |
|-------------------------------------|-----------------------------------|